



Army Benefits Center-Civilian



# CSRS Overview



America's Army: The Strength of the Nation

Updated 03/26/2012

# INTRODUCTION

**ABC-C MISSION:** We are a top performing, caring team of Civilian Human Resource professionals providing quality benefits and entitlements services to our customers through a centralized automated center.

**ABC-C SERVICES:** Provide advisory services and process transactions for:

**Federal Employees Health Benefits (FEHB)  
Federal Employees' Group Life Insurance  
(FEGLI)**

**Thrift Savings Plan (TSP)**

**Retirement (FERS & CSRS)**

**Survivorship (Death Claim Processing)**

# ABC-C AUTOMATED SYSTEMS

## Employee Benefits Information System (EBIS) - Web Based

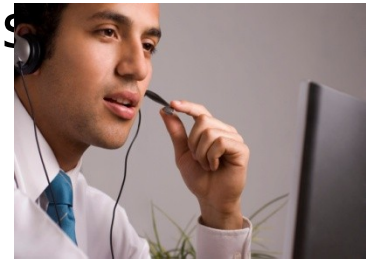
- **Customer-friendly**
- **Available 24 hours a day (with CAC Access)**
- **Secure site**
- **Ability to read at convenience**
- **Ability to print screens of information**
- **Can process benefits transactions without counselor assistance**
- **Ability to print benefits forms**
- **Estimate calculators**
- **ABC-C website: <https://www.abc.army.mil>**



# ABC-C AUTOMATED

## Interactive Voice Response System (IVRS) - Telephone

- Can connect with a counselor if needed
- Available to those without computer access
- Requires use of SSN and PIN only
- Can process benefit transactions without counselor assistance
- Can receive faxed back copies of documents (FEHB enrollment form)
- Counselors are available 12 hours a day
- Automated system available 24 hours a day
- Separated employees have access for 180 days
- ABC-C toll-free telephone number is 1-877-276-9287 (TDD for the hearing impaired is 1-877-276-9833)





# **COUNSELOR ASSISTED CALLS**

**1 January - 31 December 2011**

**4602 Total Calls**

**Average Answer Time: 52 Seconds**

**Average Call Length: 10 Minutes 51 Seconds**

**Average Wrap-Up Time: 2 Minutes 53 Seconds**

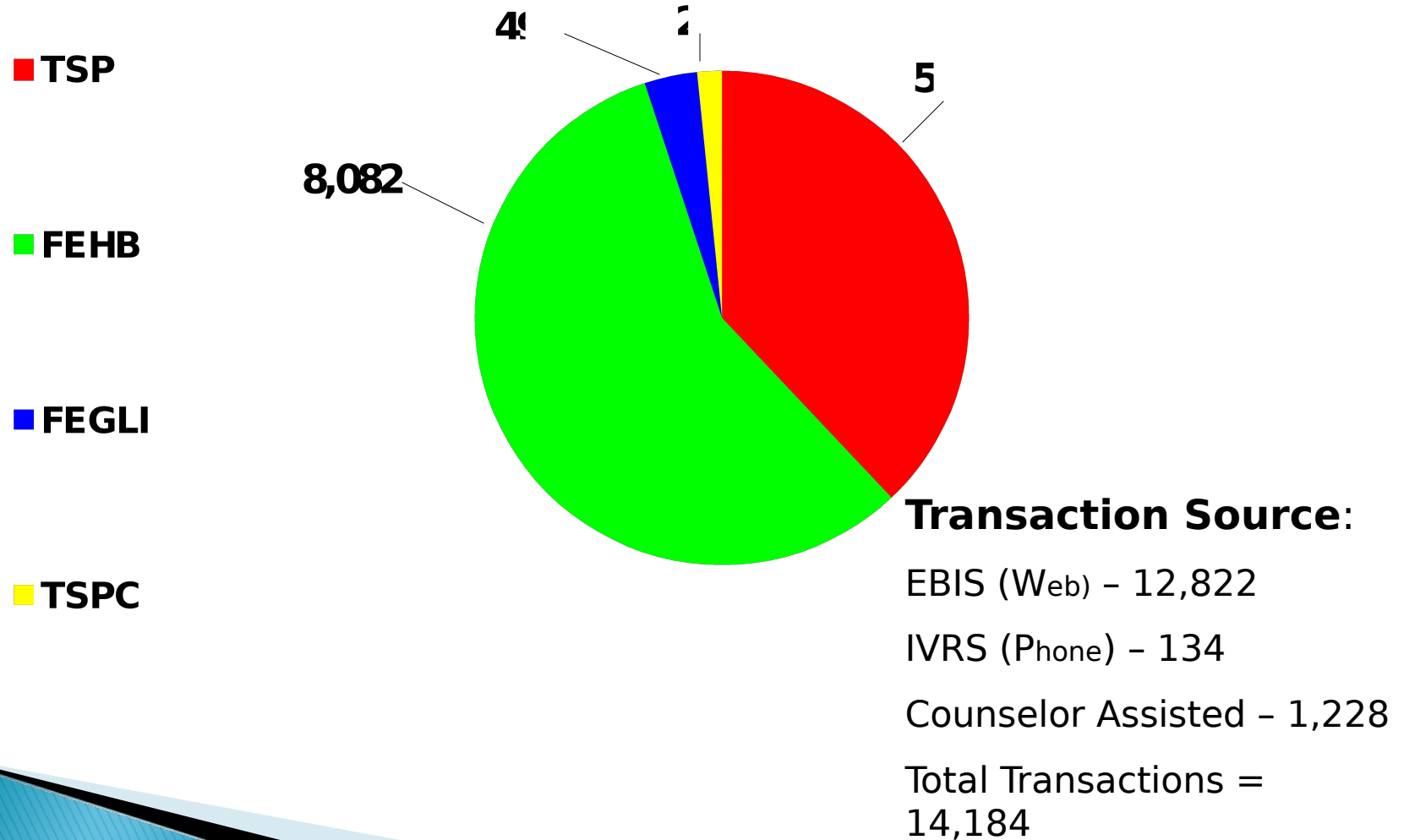
**ABC-C Benefits Counselors are available from  
6:00 a.m. to 6:00 p.m. CT**

**Monday - Friday**

**Peak Call Times are between 8:00 a.m. and 2:00  
p.m.**

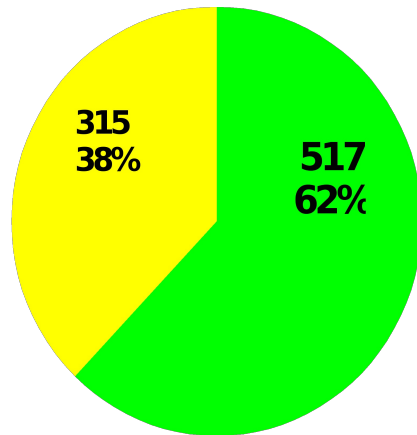
# Benefits Transaction Summary

## 1 January – 31 December 2011



# Non-Disability Retirements Timeliness

## 1 January – 31 December 2011

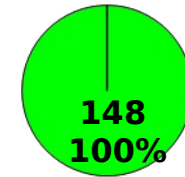


■ Met ■ Did Not Me

**Total:**

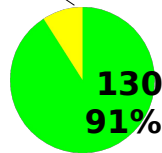
104  
100%

**Ret. Rcvd More Than 60 Days: 104**

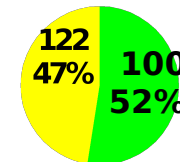


**Ret. Rcvd 31-60 Days: 148**

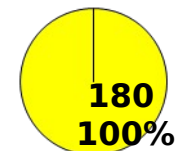
13  
9%



**Ret. Rcvd 16-30 Days: 143**



**Ret. Rcvd 1-15 Days: 257**



**Ret. Rcvd on/after: 180**

Goal: Complete retirement NLT 5 working days prior to DOR.

# CONTINUING CHALLENGES

- **Last minute VERA/VSIP approvals**
- **Short notice retirement applications**
- **Federal Erroneous Retirement Coverage**
- **Corrections Act (FERCCA)**
- **Aging workforce**



# ON THE HORIZON

- **Growing serviced population**
- **eOPF - Electronic Official Personnel Folder**



# ANY QUESTIONS?



# RETIREMENT PLANNING



# RETIREMENT PLANNING

## **Early Career - 25 + years to retirement**

- **Enroll in TSP**
- **Enroll in benefits (FEHB, FEGLI, FEDVIP, FSA)**
- **Pay civilian deposit**
- **Pay military deposit**
- **New Employee Orientation Briefing**  
<https://www.abc.army.mil/NewEmployee/NewEmployeeOrientation.htm>

## **Mid Career - 10 - 24 years to retirement**

- **Adjust benefits based on life situation**
- **Review level of TSP participation & allocation between the funds**



# RETIREMENT PLANNING

## **Late Career:**

### **Less than 10 years prior to retirement:**

- **Use calculators in EBIS to get a rough estimate of annuity**
- **Determine income needed in retirement using the Federal Ballpark E\$timate calculator**
- **Adjust TSP contributions & other savings based on results from calculators**

### **Five years to retirement:**

- **Verify eligibility to continue FEHB & FEGLI into retirement**
- **Request a retirement estimate**
- **Maximize TSP contributions & other savings**

# RETIREMENT PLANNING LINKS

## **Federal Ballpark E\$timate:**

<https://www.opm.gov/retire/tools/calculators/ballpark/menu.asp>

## **Retirement information & services provided by OPM:**

<http://www.opm.gov/retire>

## **U.S. Financial Literacy Education Commission website:**

<http://www.mymoney.gov>

## **Army Benefits Center-Civilian EBIS**

<https://www.abc.army.mil>



# CIVIL SERVICE RETIREMENT SYSTEM (CSRS)

- **New employees first hired in covered position prior to 01-01-1984**
- **Contribute 7% of salary to CSRS**
- **Do not contribute to Social Security**
- **Can contribute to TSP up to IRS limit, but no agency matching**
- **Lose eligibility for CSRS coverage if there is a break in service after 01-01-1984 of more than 1 year**

# CSRS INTERIM

- **Employees first hired on/after 01-01-1984 & certain rehires**
- **Reduced CSRS contribution rate of 1.3%**
- **Contribute to Social Security**
- **On 01-01-1987, employees with CSRS Interim coverage changed to:**
  - **CSRS Offset if you had at least 5 years of civilian service**
  - **FERS if you had less than 5 years of civilian service**

# CSRS OFFSET

- **Employees who were in CSRS Interim and had at least 5 years of civilian service as of 12-31-1986**
- **Employees who are or become subject to Social Security due to break in service & have at least 5 years of civilian service**
- **Reduced CSRS contribution rate of 0.8%**
- **Contribute to Social Security**
- **CSRS retirement benefits are “offset” by the value of your CSRS Offset service in your Social Security benefits**

# RETIREMENT SERVICE COMPUTATION DATE (RSCD)

- **Used to determine retirement eligibility and to calculate retirement annuity**
- **May not be the same as your Leave SCD (SCD that appears on your SF 50 & LES)**
- **Not all service that is creditable for leave is creditable for retirement**

# RETIREMENT SERVICE COMPUTATION DATE (RSCD)

## **Examples of service that is creditable for leave but not for retirement:**

- **Non-Appropriated Fund (NAF) service on a temporary appointment**
- **For retired military, campaign or combat service if retired military pay is not being waived**
- **If hired on/after 10/01/1982, military service for which a deposit has not been paid**

# CIVILIAN DEPOSIT/ REDEPOSIT



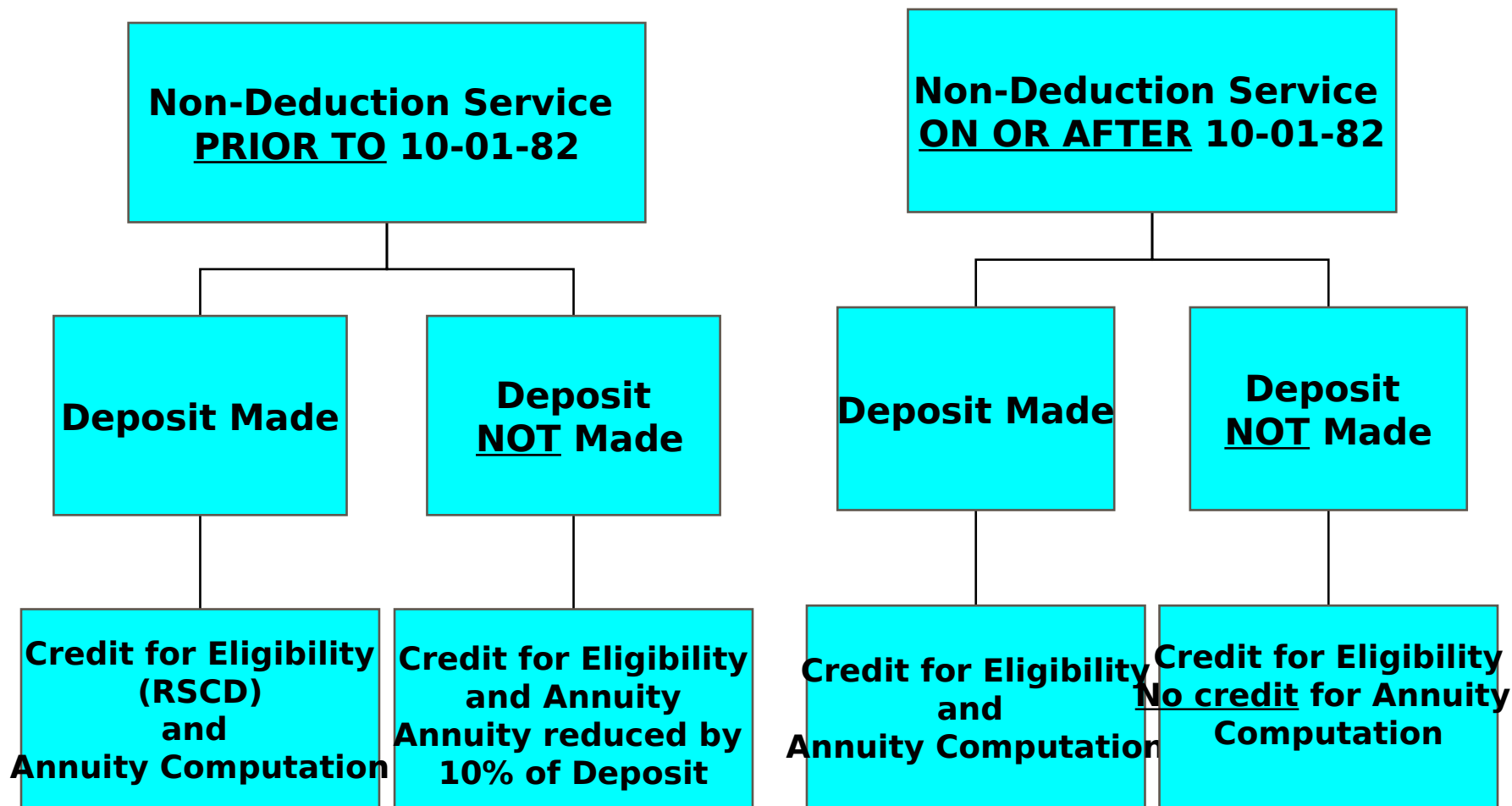


# WHAT IS DEPOSIT SERVICE?

- **Any period of potentially creditable service during which retirement deductions are not withheld:**
  - **Generally, non-career time such as temporary or indefinite service**
  - **Also known as non-deduction service**
- **Service that is now considered Federal employment, due to a change in the law that allows credit for retirement annuity computation purposes (Peace Corps, VISTA)**
- **Amount of deposit:**
  - **7% of earnings + interest**
  - **Interest will vary by the date the service was performed**



# DEPOSIT SERVICE

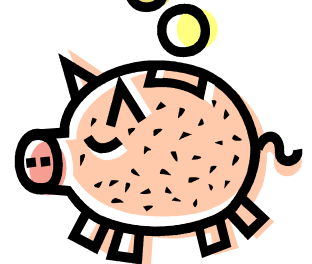


# WHAT IS REDEPOSIT SERVICE?

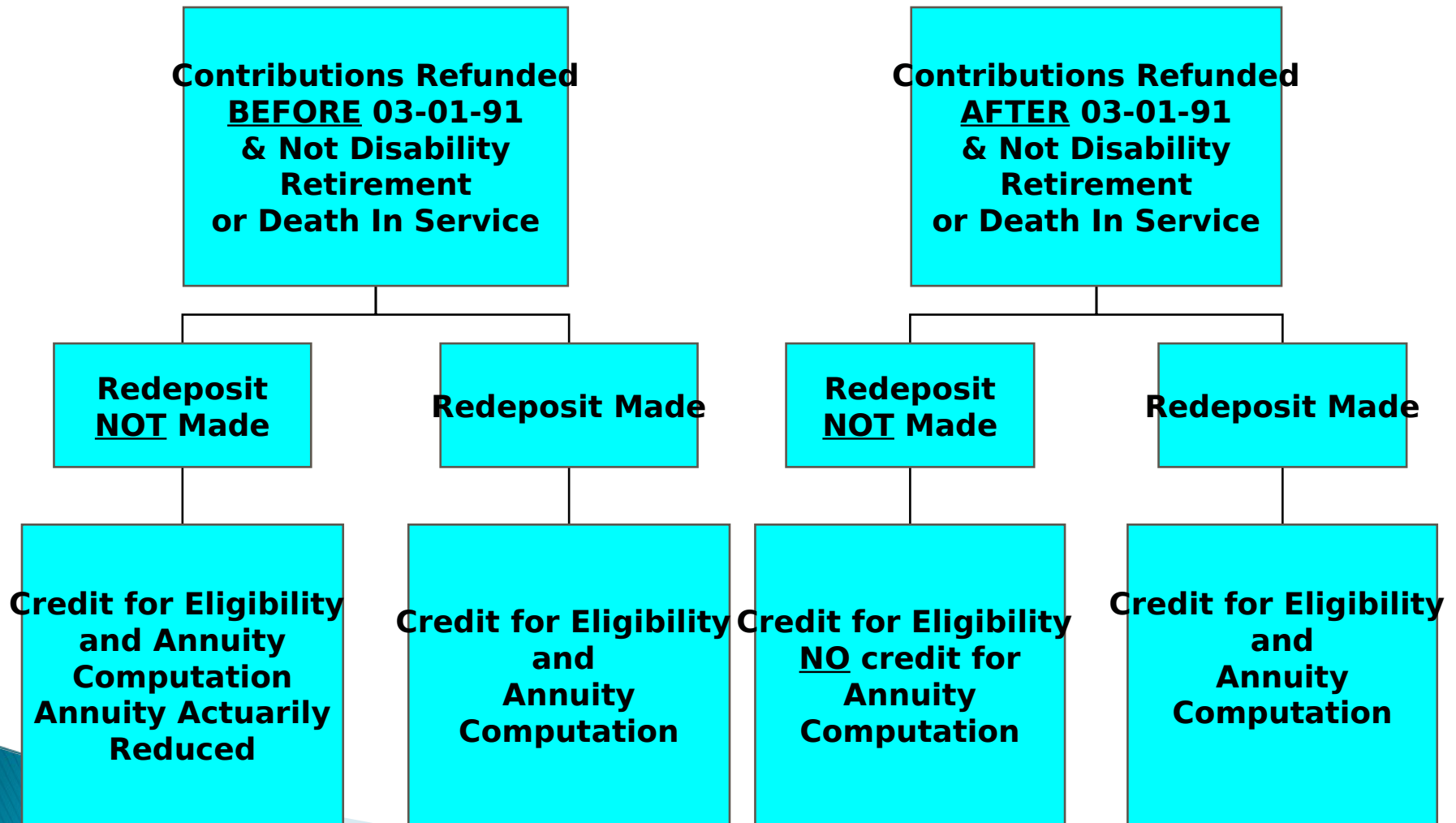
**A sum of money paid into the Fund by an employee or survivor to cover a period of service during which deductions were withheld but later refunded under CSRS provisions**

**Redeposit = Amount of refund plus interest  
(*Interest accrues from date of refund check*)**

**Note: Redeposit may be made before or after retirement.**



# REDEPOSIT SERVICE



# INTEREST RATES

YEAR	RATE	YEAR	RATE	YEAR	RATE
2012	2.25%	2001	6.375%	1990	8.75%
2011	2.75%	2000	5.875%	1989	9.125%
2010	3.125%	1999	5.75%	1988	9.125%
2009	3.875%	1998	6.75%	1987	8.375%
2008	4.75%	1997	6.875%	1986	9%
2007	4.875%	1996	6.875%	1985	11.125%
2006	4.125%	1995	7%	1984	13%
2005	4.375%	1994	6.25%	1948 - 1984	3%
2004	3.875%	1993	7.125%	Before 1948	4%
2003	5%	1992	8.125%		
2002	5.5%	1991	8.625%		

**America's Army: The Strength of the Nation**

# HOW TO PAY A CIVILIAN DEPOSIT OR REDEPOSIT

- Complete front page of SF 2803, *Application to Make Deposit or Redeposit (CSRS)*, and send to the ABC-C.
- ABC-C will calculate an estimated deposit/redeposit amount and mail to OPM.
- OPM will notify you of final deposit/redeposit amount and payment procedures.
- OPM will send you a receipt and new balance each time payment is made.
- Ensure “Payment In Full” notice is filed in OPF.
- More information is available on the ABC-C website:  
<https://www.abc.army.mil/retirements/FERSDepositService.htm>



**PAID IN FULL**

# MILITARY DEPOSIT



# PRE 01-01-1957 MILITARY SERVICE

**No deposit required for creditable  
military service performed prior to  
01-01-1957**



***It's Free!!***



# CREDIT FOR POST-56 MILITARY SERVICE

**IN RECEIPT OF  
MILITARY RETIRED PAY**

```
graph TD; A[IN RECEIPT OF MILITARY RETIRED PAY] --> B[Based on Non - Combat Disability or Length of Service]; A --> C[Based on Combat Disability or Chapter 1223, Title 10 (Reserves)]; B --> D[No Credit unless Military Retired Pay is waived]; C --> E[Hired Before or After 10-01-82? See Next Slide];
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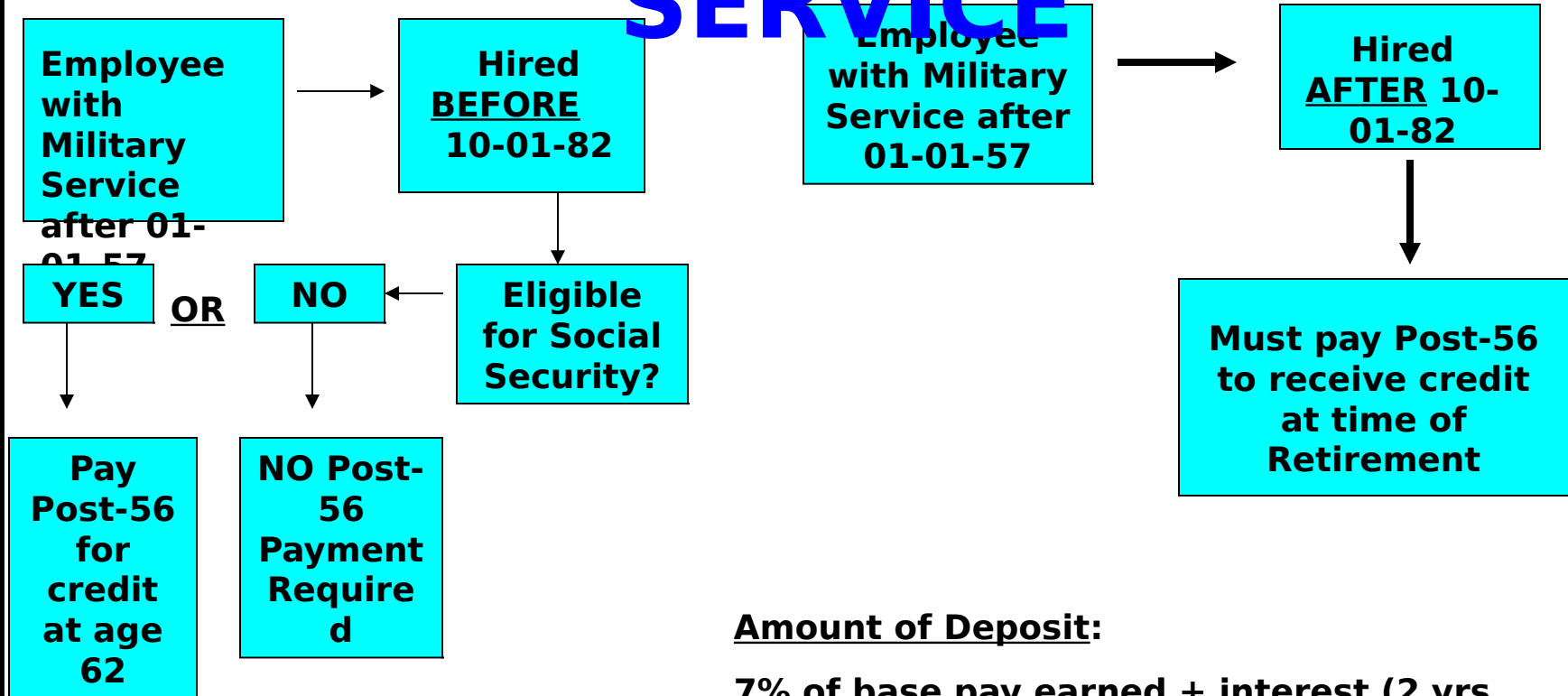
**Based on Non -  
Combat Disability  
or Length of  
Service**

**No Credit unless  
Military Retired  
Pay is waived**

**Based on Combat  
Disability or Chapter  
1223, Title 10  
(Reserves)**

**Hired Before or  
After 10-01-82?  
See Next Slide**

# CIVILIAN SERVICE CREDIT FOR POST-56 MILITARY SERVICE



## Amount of Deposit:

7% of base pay earned + interest (2 yrs interest free)

(Interest will vary)

# HOW TO PAY A MILITARY DEPOSIT

- **Complete Form RI 20-97, *Estimated Earnings During Military Service*, and send to the appropriate branch of service (addresses are on the ABC-C website). Include copies of all of your DD 214s.**
- **Upon receipt of estimated earnings, include your DD 214, SF 2803 page 1, SF 2803A and forward to the ABC-C. The ABC-C will calculate an estimate of the deposit owed and forward to DFAS.**
- **DFAS will finalize the amount owed and advise you of payment options. Payments are made directly to DFAS-Cleveland.**
- **Ensure “Payment In Full” notice is filed in OPF.**
- **More information is available on the ABC-C website:  
<https://www.abc.army.mil/retirements/CSRSPost56.htm>**

**PAID IN FULL**

# RETIREMENT REQUIREMENTS



# TYPES OF RETIREMENT

- **Optional retirement**
- **Voluntary Early Retirement Authority (VERA)**
- **Discontinued Service Retirement (DSR)**
- **Deferred retirement**
- **Disability retirement**

# GENERAL ELIGIBILITY REQUIREMENTS

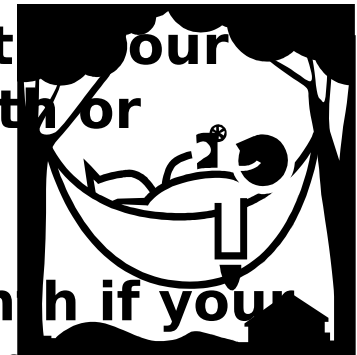
- **Have at least 5 years of creditable civilian service with the Federal government.**
- **Have been employed under CSRS for at least 1 year out of the last 2 years preceding your final separation from Federal employment.**
- **Must separate from a position with CSRS coverage.**



# OPTIONAL RETIREMENT

## Eligibility requirements for Optional Retirement:

- Age 55 with 30 years of service
  - Age 60 with 20 years of service
  - Age 62 with 5 years of service
- 
- Must have at least 5 years creditable civilian service.
  - Military service or sick leave may not be used to reach the 5 year rule.
  - Annuity starts the day after your retirement if your retirement is effective on the last day of month or the first three days of month.
  - Annuity starts the first day of following month if your retirement is effective after the third day of month.



# **VOLUNTARY EARLY RETIREMENT AUTHORITY**

## **EMPLOYEE ELIGIBILITY REQUIREMENTS:**

- Age 50 with 20 years of creditable service
- Any age with 25 years of creditable service
- Must include 5 years of creditable civilian service
- Agency/Installation must approve

## **EFFECT ON EMPLOYEE BENEFITS:**

- 2% reduced annuity for each year under 55
- Permanent reduction



# **DISCONTINUED SERVICE RETIREMENT (DSR)**

## **EMPLOYEE ELIGIBILITY REQUIREMENTS:**

- **Age 50 with 20 years of creditable service**
- **Any age with 25 years of creditable service**
- **Must include 5 years of creditable civilian service**
- **Must receive a specific written notice of proposed involuntary separation from your Agency/Installation**
- **Annuity starts day after separation**

## **EFFECT ON EMPLOYEE BENEFITS:**

- **2% reduced annuity for each year under 55 (Permanent)**
- **NOT eligible for VSIP or severance pay**



# DEFERRED RETIREMENT

- Payable at age 62 to a individual who separates from service and is not entitled to an immediate annuity:
  - At least five years of creditable civilian service
  - Must meet the one-out-of-two requirement at the date of separation
  - Has not taken a refund of retirement deductions for the last period of service
- FEHB and FEGLI **will not** be reinstated at the time your annuity commences. Your application for retirement is sent directly to OPM

# RETIREMENT FORMS

- **SF 2801, Application for Immediate Retirement**
  - **SF 2801, Schedule A (Military Service Information), Schedule B (Military Retiree Pay), Schedule C (Federal Employees Compensation Information)**
  - **SF 2801-2, Spouse's Consent to Survivor Election**
  - **SF 2818, Continuation of Life Insurance Coverage**
  - **W-4P, Withholding Certification for Pension or Annuity Payment**
  - **State Tax Forms, if applicable**
  - **RI 79-9 - Health Benefits Cancellation/Suspension Confirmation**
  - **DD 214, Report of Separation from Active Duty (or equivalent)**
  - **Proof of payment of military deposit (OPM 1514, military deposit worksheet, or equivalent)**
  - **OPM 1515, Military Service Deposit Election**
  - **Written notice of proposed involuntary separation (DSR)**
  - **<https://www.abc.army.mil/Forms/RetirementForms.htm>**
- \*\* For Deferred & Postponed retirement forms, contact OPM**

Address after  
retirement




# Application for Immediate Retirement Civil Service Retirement System

See Privacy Act  
Information on  
Instruction Sheet

## Section A - Identifying Information

1. Name (last, first, middle)		2. List all other names you have used	
3. Address (number, street, city, state, ZIP code)	4a. Daytime area code and telephone number after retirement ( )	4b. Best time to call	
	4c. Home Email address	4d. FAX number ( )	
	5. Date of birth (mm/dd/yyyy)	6. All social security numbers you have used	
7. Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Is this an application for disability retirement? <input type="checkbox"/> Yes (Ask your employing office about other documents you must submit) <input type="checkbox"/> No	

## Section B - Federal Service

1. Department or agency from which you are retiring (Include bureau or division)		2. Date of final separation (mm/dd/yyyy)	
1a. Address and ZIP code		3. Title of position from which you are retiring	
		3a. Your pay plan and occupational series	
4. Have you performed active honorable service in the Armed Forces or other uniformed services of the United States (see SF 2801A for definitions)? <input type="checkbox"/> Yes (Complete Schedule A and attach it to this form) <input type="checkbox"/> No			
5. Are you receiving or have you applied for military retired pay? (Note: If you later become entitled to military retired pay, you must notify OPM.) <input type="checkbox"/> Yes (Complete Schedule B and attach it to this form) <input type="checkbox"/> No			

## Section C - Other Claim Information

1. Are you receiving or have you applied for (or received within the past 2 years) workers' compensation from the Department of Labor because of a job-related illness or injury? <input type="checkbox"/> Yes (Complete Schedule C and attach it to this form) <input type="checkbox"/> No	
2. Have you previously filed any application under the Civil Service Retirement System or Federal Employees Retirement System (for retirement, refund, etc.)? <input type="checkbox"/> Yes (Complete items 2a and 2b below.) <input type="checkbox"/> No	
2a. Type of application <input type="checkbox"/> Refund <input type="checkbox"/> Retirement <input type="checkbox"/> Return of excess deductions	2b. Claim number(s) <input type="checkbox"/> Deposit or redeposit <input type="checkbox"/> Voluntary contributions

## Section D - Insurance Information See the pamphlet SF 2801A, Applying for Immediate Retirement Under the Civil Service Retirement System, for information

1. Are you eligible to continue Federal Employees Health Benefits coverage as a retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Does a court or administrative order require that you provide health benefits coverage for one or more children? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach a copy of the order.)	
3. Are you eligible to continue Federal Employees' Group Life Insurance coverage as a retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are you currently enrolled in the Federal Long Term Care Insurance Program (FLTCIP)? <input type="checkbox"/> Yes → You will automatically continue your coverage into retirement, as long as you continue to pay applicable premiums. If you are currently paying FLTCIP premiums by agency payroll deduction, you must arrange to pay premiums, either by deductions from your annuity, through automatic bank debit, or direct bill. Please call LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) to make these arrangements. <input type="checkbox"/> No			

## Section E - Marital Information (All applicants must complete questions 1 and 2 below.)

1. Are you married now? (A marriage exists until ended by death, divorce, or annulment. You must notify the Office of Personnel Management if this marriage ends.) <input type="checkbox"/> Yes (Complete items 1a - 1f and attach a copy of your marriage certificate) <input type="checkbox"/> No (Go to item 2)		
1a. Spouse's name (last, first, middle)	1b. Spouse's date of birth (mm/dd/yyyy)	1c. Spouse's social security number(s)
1d. Place of marriage (city, state)	1e. Date of marriage (mm/dd/yyyy)	1f. Marriage performed by: <input type="checkbox"/> Clergyman or Justice of Peace <input type="checkbox"/> Other (explain):
2. Do you have a living former spouse(s) from whom you were divorced on or after May 7, 1985, and to whom a court order gives a survivor annuity? <input type="checkbox"/> Yes (Attach a certified copy of the court order[s] and any amendments.) <input type="checkbox"/> No		

Daytime Phone  
# after  
Retirement



**Must make a  
Survivor  
annuity  
election even  
if single.**



### Section F - Annuity Election

Make your election by initialing the box beside the type of annuity you want to receive and give any other information requested. Read the attached information on pages 2 through 5 and the explanations below and consider your election carefully. No change will be permitted after your annuity is granted except as explained on pages 7 and 8 of the attached instructions. If you are married at retirement, the law provides an annuity with full survivor benefits for your spouse unless your spouse consents to your election not to provide maximum survivor benefits. An election for your spouse ends if your marriage ends by death, divorce, or annulment.

1. 

Initials
----------

*I choose a reduced annuity with maximum survivor annuity (equal to 55% of my basic annuity) for my spouse named in Section E. 1a. If you are married at retirement, you will receive this type of annuity unless your spouse consents to your election not to provide maximum survivor benefits. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.*
2. 

Initials
----------

*I choose a reduced annuity with a partial survivor annuity (equal to 55% of \$ \_\_\_\_\_ a year) for my spouse named in Section E. 1a. If you choose this option, the amount you enter must be less than your annual annuity. You must have your spouse's consent. Complete SF 2801-2, Spouse's Consent to Survivor Election, and attach it to your application. If your marriage ends by death, divorce, or annulment, this election terminates and you must notify the Office of Personnel Management.*
3. 

Initials
----------

*I choose an annuity payable only during my lifetime. If you are married at retirement, you cannot choose this type of annuity without your spouse's consent. No survivor annuity will be paid to your spouse after your death if he or she consents to this election and any health benefits will cease. In addition, your spouse will not be eligible to enroll in the Federal Long Term Care Insurance Program, if he/she is not enrolled at the time of your death. If you are married and elect this type of annuity, complete SF 2801-2, Spouse's Consent to Survivor Election, and attach it to your application.*
4. 

Initials
----------

*I choose a reduced annuity with survivor annuity for the person named below who has an insurable interest in me. You must be healthy and willing to provide medical evidence if you choose this type of annuity. (Disability annuitants are not eligible to choose this type of annuity.) If you are married and elect this type of annuity, complete SF 2801-2, Spouse's Consent to Survivor Election, and attach it to your application.*

Name of person with insurable interest	Relationship to you	Date of birth (mm/dd/yyyy)	Social security number

5. 

Initials
----------

*I choose a reduced annuity with survivor annuity for my former spouse(s) or for my spouse and former spouse(s) shown below. You must attach: (1) Copies of divorce decrees for all former spouses for whom you elect to provide a survivor annuity. (2) If you are married, attach a completed SF 2801-2, Spouse's Consent to Survivor Election. You cannot choose this option and provide a maximum survivor annuity for your spouse (Box 1). An election for a former spouse ends if your former spouse dies or remarries before age 55, unless you were married for 30 years or longer. If one of these events occurs, this election terminates and you must notify the Office of Personnel Management.*

Name and address of current spouse				Survivor annuity equal to _____ % of my annuity
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)		Survivor annuity equal to _____ % of my annuity
	Date of birth (mm/dd/yyyy)	Social security number		
Name and address of former spouse	Date of marriage (mm/dd/yyyy)	Date of divorce (mm/dd/yyyy)		Survivor annuity equal to _____ % of my annuity
	Date of birth (mm/dd/yyyy)	Social security number		

Total (cannot exceed 55% of your unreduced annuity) \_\_\_\_\_ 0%

### Section G (Optional) - Information About Your Unmarried Dependent Children

1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)	1. Dependent child's name (first, middle, last)	2. Date of birth (mm/dd/yyyy)	3. Disabled (✓)



### Section H - Direct Deposit and Tax Withholding Information

Public Law 104-134 requires that most Federal payments be paid by Direct Deposit through Electronic Funds Transfer (EFT) into a savings or checking account at a financial institution. However, if receiving your payment electronically would cause you a financial hardship or a hardship because you have a disability, or because of a geographic, language or literacy barrier, you may invoke your legal right to a waiver of the Direct Deposit requirement and receive your payment by check.

1. Select one of the following:

- ☐ Please send my annuity payments to my checking or savings account. (Go to item 2.)
- ☐ Receiving my payment(s) electronically would cause me a financial hardship or a hardship because of disability, or because of a geographic, language or literacy barrier. I hereby invoke my legal right to a waiver of the Direct Deposit requirements of Public Law 104-134. Please send my payment(s) by check. (Go to item 4.)
- ☐ My permanent payment address is outside the United States in a country not accessible via Direct Deposit. (Go to item 4.)

2. Financial institution routing number

You may obtain this number by calling your bank, credit union, or savings institution.  
This number is very important. We cannot pay by Direct Deposit without it.

3. Account number

3a. What kind of account is this?

☐ Checking ☐ Savings

3b. Telephone number of your financial institution (including area code)

( )

3c. Name and address of the financial institution

3d. **Special Note:** If you prefer, you may attach a cancelled personal check that shows the information requested above, instead of filling in the requested financial institution information. If you attach your personal check, it is especially important that you contact your bank, credit union, or savings institution to confirm that the information on the check is the correct information for direct deposit. (Some institutions, especially credit unions, use different routing numbers on checks.)

4. Do you want Federal income tax withheld from your annuity payments?

☐ Yes (Go to item 4a.)

☐ No (Go to Section I.)

4a. Do you want Federal income tax withheld at the rate currently being withheld from your salary?

☐ Yes (Attach a copy of W-4 form on file with your employing agency.)

☐ No (Attach a new W-4 form; otherwise, withholding will be at the rate for married with 3 exemptions.)

### Section I - Applicant's Certification

#### Warning

Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

Signature (Do not print)

Date (mm/dd/yyyy)

#### Applicant's Checklist

This checklist is provided to help you be certain you have attached all necessary documentation and to help your employing office be certain it forwards all of your retirement documentation to the Office of Personnel Management.

	Yes	No	Not Applicable
1. <b>Military Service</b> - If you answered "yes" to Section B, item 4, did you attach Schedule A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Military Service</b> - If you completed Schedule A, did you attach a copy of your discharge certificate or other certificate of active military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Military Retired Pay</b> - If you answered "yes" to Section B, item 5, did you attach Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to item 2 or 3, did you attach a copy of award or other documentation of the type of military retired pay you are receiving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Military Retired Pay</b> - If you completed Schedule B and answered "yes" to item 4, did you attach a copy of your request for waiver and a copy of the military finance office's acknowledgment or approval of your request for waiver (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Survivor Election</b> - If you are married and did not initial box 1 of Section F, did you attach SF 2801-2, <i>Spouse's Consent to Survivor Election</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Life Insurance</b> - If you answered "yes" to Section D, item 3, did you attach SF 2818, <i>Continuation of Life Insurance Coverage As an Annuant or Compensation?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>OWCP</b> - If you answered "yes" to Section C, item 1 did you attach Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Tax</b> - If you want to elect a Federal Income Tax withholding rate, did you attach a W-4 form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Court or Administrative Order(s)</b> - If you answered "yes" to Section E, item 2 did you attach a copy of the order(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign and date application



**Schedules A, B and C**

1. Name (last, first, middle) 2. Date of birth (mm/dd/yyyy) 3. Social security number

**Schedule A - Military Service Information**

1. If you have performed active honorable service in the United States Armed Services or other uniformed services, complete 1a - d below and attach a copy of your discharge certificate or other certificate of active military service (if available).

Branch of service	Serial number	Dates of active duty		Last grade or rank
		From (mm/dd/yyyy)	To (mm/dd/yyyy)	

2. If any of your military service occurred on or after January 1, 1957, have you paid a deposit to your agency for this service? (You must pay this deposit to your agency. You cannot pay OPM after you retire.) ☐ Yes ☐ No ☐ Not applicable

**Schedule B - Military Retired Pay**

If you are receiving or have applied for military retired or retainer pay (including disability retired pay), complete items 1 - 4 below.

- |  |  |
|--|--|
| 1. Are you receiving or have you ever applied for military retired or retainer pay? (Answer "yes" if you are receiving payments from the Department of Veterans Affairs instead of military retired pay.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                        | 2. Was your military retired or retainer pay awarded for reserve service under Chapter 1223, title 10, U.S. Code, Sections 12731 through 12739 (formerly Chapter 67, title 10)?<br><input type="checkbox"/> Yes (Attach a copy of notice of award.) <input type="checkbox"/> No  |
| 3. Was your military retired pay or retainer pay awarded for a disability incurred in combat or caused by an instrumentality of war and incurred in the line of duty during a period of war?<br><input type="checkbox"/> Yes (Attach a copy of notice of award.) <input type="checkbox"/> No | 4. Are you waiving your military retired or retainer pay in order to receive credit for military service for CSRS retirement benefits?<br><input type="checkbox"/> Yes (Attach a copy of your request for waiver and a copy of military finance office's acknowledgment or approval of your request for waiver.) <input type="checkbox"/> No |

**Schedule C - Federal Employees' Compensation Information**

1. Are you receiving or have you received workers' compensation from the Office of Workers' Compensation Programs (OWCP), Department of Labor, because of a job-related illness or injury within the last 2 years?

a. Compensation claim number	b. Benefit received		c. Type of benefit
	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation
			<input type="checkbox"/> Scheduled award
			<input type="checkbox"/> Total or partial disability compensation

2. If you have applied for workers' compensation (other than as listed in item 1a above) but are **not** receiving benefits, check reason below and give the information requested.

a. Awaiting OWCP decision Compensation claim number	b. Claim denied Compensation claim number Date claim denied (mm/dd/yyyy)
--	---

3. Except for scheduled compensation awards, workers' compensation and CSRS retirement benefits **cannot** be paid for the same period of time. Please complete the information below regarding your claim. **You must complete this section.**

- a. Do you agree to notify us promptly if the status of your workers' compensation claim changes?  
☐ Yes ☐ No
- b. Do you authorize the Office of Personnel Management and/or the Office of Workers' Compensation Programs (OWCP) to collect any overpayment if we later find you are not eligible for both compensation and annuity payments covering the same period of time?  
☐ Yes ☐ No

**Applicant's Certification**

I certify that all statements made on these schedules are true to the best of my knowledge and belief.

Signature (do not print)

Date (mm/dd/yyyy)

**Ensure you sign and date the Schedule ABC**



Date the spouse signs and the notary signs must be the same

### Spouse's Consent to Survivor Election

**Instructions:** If you are married and you do not elect a reduced annuity to provide a maximum survivor annuity for your current spouse, complete Part 1. Have your spouse complete Part 2. Part 2 must be completed in the presence of a Notary Public or other person authorized to administer oaths. The person administering oaths must complete Part 3.

#### Part 1 - To Be Completed by the Retiring Employee

Name (last, first, middle)	Date of birth (mm/dd/yyyy)	Social security number
----------------------------	----------------------------	------------------------

I have elected: (Mark the box which describes the election you have made with regard to your current spouse.)

- ☐ a. No regular or insurable interest survivor annuity for my current spouse. **I understand that:**
- No survivor annuity will be paid to my spouse after my death,
  - His/her health benefits coverage will terminate upon my death, and
  - He/she will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) after my death.
- ☐ b. I am electing an insurable interest survivor annuity for my current spouse, but no regular survivor annuity for my current spouse. (I have completed Section F, item 4 on my Standard Form 2801 naming my current spouse.)
- ☐ c. A partial survivor annuity for my current spouse equal to 55% of \$ \_\_\_\_\_ a year.

#### Part 2 - To Be Completed by the Current Spouse of the Retiring Employee

I freely consent to the survivor annuity election described in Part 1. **I understand that if my spouse elected no regular or insurable interest survivor annuity in Part 1 above, after my spouse dies I will not receive a survivor annuity, my health benefits coverage will terminate when my spouse dies, and I will not be eligible to enroll in the Federal Long Term Care Insurance Program (FLTCIP) if I am not already enrolled before my spouse's death. I also understand that my consent is final (not revocable).**

Name (type or print)	Signature (do not print)	Date (mm/dd/yyyy)
----------------------	--------------------------	-------------------

#### Part 3 - To Be Completed by a Notary Public or Other Person Authorized to Administer Oaths

I certify that the person named in Part 2 presented identification (or was known) to me, gave consent, signed or marked this form and acknowledged that the consent was freely given in my presence on this

the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_.

(Month) (Year) (City and State)

(Seal of Notary Public or witnessing authority of person authorized to administer oaths)	Signature (do not print)
(Seal)	Expiration date (mm/dd/yyyy) of commission, if Notary Public

**General Information:** The law requires that a retiring, married employee must elect to provide a survivor annuity for a current spouse, **unless** the current spouse consents to some other election by signing this form.

A court order which requires a retiring employee to provide a survivor annuity for a former spouse is not an election and spousal consent is not required. In other words, such a court order does not require a current spouse to waive the right to a survivor annuity for the current spouse, even though the Office of Personnel Management must honor the terms of the court order before it can honor the election for the current spouse.

The current spouse may, therefore, receive a smaller annuity than elected or none at all, unless the former spouse loses eligibility for the court-ordered survivor annuity.

**Important:** If the current spouse consents to an election to provide no survivor annuity or a partial survivor annuity and is later divorced from the retired employee, the retired employee may not then elect (nor can OPM honor a court order) to provide a former spouse annuity which exceeds the amount elected at retirement for that spouse. This also applies if the parties remarry.

#### Privacy Act Statement

Public Law 98-615, which establishes the spousal consent requirement, authorizes solicitation of this information. The data furnished will be used to determine the type of annuity awarded. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security number. Failure to provide information may delay or prevent action on your application.





Continuation of Life Insurance Coverage  
As an Annuitant or Compensation  
Federal Employees' Group Life Insurance (FGLI) Program

Important:  
Read instructions on pages 1 - 4  
before completing this form.

Identifying Information

1. Employee's name (last, first, middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security number
4. Employing department/agency	5. Work location (city, state, ZIP code)	6. Compensation claim number (if applicable)

Basic Life Insurance

7. Do you want to have Basic Life insurance in retirement/compensation if you are eligible?

☐ Yes (If yes, complete item 8.) ☐ No ☐ I received a full Living Benefit. (skip to item 9)

8. What level of Basic do you want in retirement/compensation? Check only one box. If you received a partial Living Benefit, you must check No Reduction.

☐ 75% Reduction ☐ 50% Reduction ☐ No Reduction

Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable. Date (mm/dd/yyyy)

Option A — Standard Optional Insurance

9. Do you want to have Option A in retirement/compensation if you are eligible? To continue Option A, you must also continue Basic.

☐ Yes ☐ No ☐ I don't have Option A.

Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable. Date (mm/dd/yyyy)

Option B — Additional Optional Insurance

10. Do you want to have Option B in retirement/compensation if you are eligible? To continue Option B, you must also continue Basic.

☐ Yes (If yes, complete items 11-12.) ☐ No ☐ I don't have Option B.

11. How many multiples of Option B do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

(number of multiples)

12. What coverage level do you want for Option B? Check only one box.

☐ Full Reduction or ☐ No Reduction

Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable. Date (mm/dd/yyyy)

Option C — Family Optional Insurance

13. Do you want to have Option C in retirement/compensation if you are eligible? To continue Option C, you must also continue Basic.

☐ Yes (If yes, complete items 14-15.) ☐ No ☐ I don't have Option C.

14. How many multiples of Option C do you want to have in retirement/compensation? You can have up to the number of multiples you are eligible to have. See the instructions.

(number of multiples)

15. What coverage level do you want for Option C? Check only one box.

☐ Full Reduction or ☐ No Reduction

Signature (Do not print.) Only the insured may sign. Signatures by guardians, conservators, or through a power of attorney are not acceptable. Date (mm/dd/yyyy)

Must make an election for each option

Must sign and date in 4 places

UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT OPERATIONS  
WASHINGTON, DC 20415-3532

Your name and  
address

For CSRS and FERS Annuitants, Survivor Annuitants, and Former Spouse Annuitants


Date
Claim number

**Health Benefits Cancellation/Suspension Confirmation**

You asked us to cancel or suspend your enrollment in the Federal Employees Health Benefits Program (FEHBP). Please read the front and back of this form and check only the ONE block that applies to you. Because many annuitants who cancel their FEHBP enrollments will not be eligible to reenroll, we want to be sure you are fully informed about the effect of any action you take. We will not process your request until you sign, date, and return this form indicating that you understand how your request will affect your future FEHBP enrollment eligibility. **Any Questions? Call OPM at 1-888-767-6738.**

- A. ☐ I am cancelling my FEHBP enrollment to be covered under a family member's FEHBP enrollment.

If you are cancelling your FEHBP enrollment because you will be covered under your spouse's FEHBP enrollment and your spouse is a Federal employee, please include with this form a copy of your spouse's SF 2809, *Health Benefits Registration Form*, showing the change to a family enrollment. If your spouse is an annuitant, please give us your spouse's name and annuity claim number.

Spouse's name (Last, first, middle)	Spouse's claim number
-------------------------------------	-----------------------

If you cancel FEHBP coverage for this reason, we will coordinate the effective date with the effective date of your new coverage under your spouse's enrollment.

**Reenrollment eligibility:** As long as you are continuously covered as a family member on your spouse's FEHBP enrollment, you will be eligible to resume your own enrollment if your coverage under your spouse's enrollment ends for any reason.

- B. ☐ I am cancelling my FEHBP coverage for reasons other than the situation described in part A.

We will cancel your enrollment effective the end of the month in which we receive this signed and dated form. Any health benefits premiums you pay for a period after the cancellation effective date will be refunded in one of your future monthly annuity payments.

**Reenrollment eligibility:** If you check this block to cancel your FEHB enrollment, you will not be eligible to reenroll in the FEHBP. Additionally, if you cancel your FEHBP enrollment, you and any family members covered by your enrollment will not be entitled to the free 31-day extension of coverage to convert to an individual health benefits contract or to enroll for Temporary Continuation of Coverage.

I certify that I have read and understand the information on cancelling FEHBP coverage. I understand that if I checked block B, I will never again be eligible to enroll in the Federal Employees Health Benefits Program.		
Signature	Daytime Telephone No. (including area code)	Date

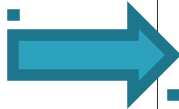
**SUSPENSION INFORMATION IS SHOWN ON THE REVERSE**

Previous editions are not usable.

RI 79-9  
Revised April 2010

Must include a  
copy of your  
Military ID Card.

If you suspend, you  
can always resurrect  
the coverage.



- C. ☐ I am suspending my Federal Employees Health Benefits Program (FEHBP) enrollment because I am enrolled in a **Medicare Advantage health plan**. Please note: Medicare Parts A and B are not the same as a Medicare Advantage health plan. You CANNOT suspend your FEHBP enrollment if you are covered by Medicare Parts A and/or B only. Any Questions: Call Medicare at 1-800-633-4227.

These Medicare Advantage health plans are Health Maintenance Organizations or Fee-For-Service plans approved by the Centers for Medicare and Medicaid Services (CMS). If you are enrolled in a Medicare supplemental plan and are not sure if it qualifies as a Medicare Advantage health plan, call Medicare at the number shown above. To suspend your FEHBP coverage for this reason, you must give us documentation that shows the effective date of your Medicare Advantage health plan coverage. If we receive this form within 31 days before to 31 days after the effective date of your Medicare Advantage health plan enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicare Advantage health plan enrollment begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

- D. ☐ I am suspending my FEHBP enrollment to use TRICARE, TRICARE for Life (enrollees over age 65 with Medicare Parts A and B), Peace Corps, or CHAMPVA. Please suspend my FEHBP enrollment effective \_\_\_\_\_. (Carefully consider the effective date of your suspension. Once we process your request, we are not able to change the effective date.)

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. Please send us a copy of your Uniformed Services Identification (I.D.) card and if over age 65, you must also send us a copy of your Medicare card showing enrollment in both Medicare Parts A and B (required for TRICARE for Life). To document your eligibility for CHAMPVA, please send us a copy of your CHAMPVA Authorization Card (A-card). Please tell us the date you want to suspend your FEHBP to use TRICARE, TRICARE for Life, Peace Corps, or CHAMPVA. **Special note:** If we receive this signed form and the eligibility documentation within 31 days before to 31 days after the date you designate above, we will suspend your FEHBP coverage on that date. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

- E. ☐ I am suspending my FEHBP enrollment because I am eligible for coverage under Medicaid or a similar state-sponsored program of medical assistance for the needy.

To suspend your FEHBP coverage for this reason, you must give us evidence of your eligibility for Medicaid or a similar state-sponsored program of medical assistance for the needy. You may send us a copy of an enrollment card or a letter of eligibility which shows the effective date of your Medicaid or similar state-sponsored program coverage. If we receive this signed form and documentation within 31 days before to 31 days after the effective date of your Medicaid or similar state-sponsored enrollment, we will suspend your FEHBP coverage at the close of business the day before your Medicaid or state-sponsored program coverage begins. Otherwise, we will suspend your FEHBP coverage at the end of the month in which we receive your documentation.

**The following information applies to blocks C, D and E.**

**Reenrollment:** You may voluntarily reenroll in the FEHBP during an annual open season. We will send you an open season package each year with instructions on how to reenroll. If you don't want to reenroll, disregard your open season material.

If you involuntarily lose your coverage under one of the programs mentioned above, you can reenroll in the FEHBP effective the day after your coverage ends. You must provide evidence of your involuntary loss of coverage. Your request to reenroll must be received at the Office of Personnel Management (OPM) within the period beginning 31 days before and ending 60 days after your coverage ends. Otherwise, you must wait until open season to reenroll.

Sign and date  
the RI 79-9



I certify that I have read and understand the information on suspending FEHBP coverage. I have checked the block relating to my suspension, and I have enclosed the appropriate documentation.		
Signature	Daytime Telephone No. (including area code)	Date

Reverse of RI 79-9  
Revised April 2010

# CSRS OFFSET

- **You will receive a full CSRS annuity at retirement that is computed under the CSRS rules.**
- **HOWEVER, your annuity will be reduced when you become eligible to receive Social Security benefits.**
- **CSRS Offset annuity is reduced by the portion of your total Social Security benefit that is payable based on Federal service performed after 1983.**
- **If you never become eligible for Social Security benefits based on your own employment, there is no Offset.**

# CSRS OFFSET

**Example:** Employee has 5 years and 8 months of Offset service

**The CSRS Offset is determined by taking the lesser of the 2 below computations**

## **Computation #1**

**Social Security monthly benefit with Federal Offset service.....  
\$1,800**

**Social Security monthly benefit without Federal Offset service..  
\$1,500**

**Difference..\$ 300**

## **Computation #2**

**Social Security amount with Federal earnings =  
\$1,800 X 6 years\* = \$10,800 divided by 40 = \$270**

**\* Nearest whole year to 5 years 8 months**

**Result: The reduction in this case would be based on  
computation #2, or \$270**



# UNUSED SICK LEAVE

- **Must retire on an immediate annuity**
- **Added to length of service for computation purposes only**
- **Additional time computed on the basis of a 2087 hour work year**
- **May increase survivor annuity**



## Chart 2. -- Sick Leave Chart 2087 Hours

Chart for Converting Hours of Unused Sick Leave to Months and Days (See section 50A2.1-3G).

DAYS	1 Day	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months
0	0	174	348	522	696	870	1044	1217	1391	1565	1739	1913
1	6	180	354	528	701	875	1049	1223	1397	1571	1745	1919
2	12	186	359	533	707	881	1055	1229	1403	1577	1751	1925
3	17	191	365	539	713	887	1061	1235	1409	1583	1757	1930
4	23	197	371	545	719	893	1067	1241	1415	1588	1762	1936
5	29	203	377	551	725	899	1072	1246	1420	1594	1768	1942
6	35	209	383	557	730	904	1078	1252	1426	1600	1774	1948
7	41	214	388	562	736	910	1084	1258	1432	1606	1780	1954
8	46	220	394	568	742	916	1090	1264	1438	1612	1786	1959
9	52	226	400	574	748	922	1096	1270	1444	1617	1791	1965
10	58	232	406	580	754	928	1101	1275	1449	1623	1797	1971
11	64	238	412	586	759	933	1107	1281	1455	1629	1803	1977
12	70	243	417	591	765	939	1113	1287	1461	1635	1809	1983
13	75	249	423	597	771	945	1119	1293	1467	1641	1815	1988
14	81	255	429	603	777	951	1125	1299	1472	1646	1820	1994
15	87	261	435	609	783	957	1130	1304	1478	1652	1826	2000
16	93	267	441	615	788	962	1136	1310	1484	1658	1832	2006
17	99	272	446	620	794	968	1142	1316	1490	1664	1838	2012
18	104	278	452	626	800	974	1148	1322	1496	1670	1844	2017
19	110	284	458	632	806	980	1154	1328	1501	1675	1849	2023
20	116	290	464	638	812	986	1159	1333	1507	1681	1855	2029
21	122	296	470	643	817	991	1165	1339	1513	1687	1861	2035
22	128	301	475	649	823	997	1171	1345	1519	1693	1867	2041
23	133	307	481	655	829	1003	1177	1351	1525	1699	1873	2046
24	139	313	487	661	835	1009	1183	1357	1530	1704	1878	2052
25	146	319	493	667	841	1015	1188	1362	1536	1710	1884	2058
26	151	325	499	672	846	1020	1194	1368	1542	1716	1890	2064
27	157	330	504	678	852	1026	1200	1374	1548	1722	1896	2070
28	162	336	510	684	858	1032	1206	1380	1554	1728	1901	2075
29	168	342	516	690	864	1038	1212	1386	1559	1733	1907	2081

# EXAMPLE: COMPUTING TOTAL SERVICE WITH UNUSED SICK LEAVE

$$\begin{array}{r} \text{TOTAL SERVICE} \\ 2015-12-31 \text{ (DOR)} \\ - 1983-03-12 \text{ (Ret-SCD)} \\ \hline 32-09-19 \end{array}$$

## Unused Sick Leave

1136 hours =

+ 00-06-16

32-15-35

---

= 33-04-05



# HIGH – 3 AVERAGE SALARY

- **Weighted average of highest 3 years of basic pay (including locality pay/local market supplement)**
- **Must be 3 consecutive years**
- **Is usually the last 3 years**
- **Is the highest salary, not the highest grade**
- **Normally, the beginning date of the 3 year period is determined by subtracting 3 years from the date of retirement**

# CIVIL SERVICE RETIREMENT SYSTEM

## FORMULA FOR COMPUTING ANNUITY FOR VOLUNTARY RETIREMENT:

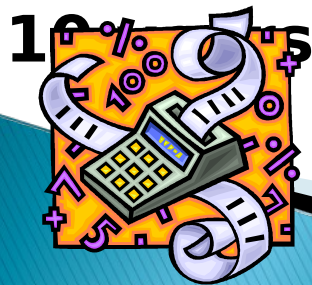
**1.5% X High-3 avg salary X first 5 years of service**

PLUS

**1.75% X High-3 avg salary X next 5 years of service**

PLUS

**2.00% X High-3 avg salary X remaining service > 10**  
**(includes unused sick leave)**



# REDUCTION

## S

- Age Reduction (MRA+10)
- Deposit Service for CSRS component
- Election of Survivor Benefits
- Redeposit Service for CSRS component
- Post -56 Military Deposit - Catch 62



# DEDUCTION

## S

- Health Benefits
- Life Insurance
- Federal Income Taxes
- Federal Employee Vision and Dental Program (FEDVIP)
- Federal Long Term Care Insurance Program (FLTCIP)

State Tax (If Applicable)

# **SURVIVOR ELECTION OPTIONS**



**CURRENT Spouse  
Survivor Annuity  
---Full (55% of your  
annuity)**



**FORMER Spouse  
Survivor Annuity  
---Full (55% of your  
annuity)**



**Combination  
Current / Former  
Spouse Survivor  
Annuity**



**Insurable Interest  
Survivor Annuity**



**CURRENT Spouse  
Survivor Annuity  
---Partial (55% of  
amount)**



**FORMER Spouse  
Survivor Annuity  
---Partial (55% of  
amount)**



**Self Only Annuity  
(No survivor  
benefit)**

# Calculating a Partial Survivor Annuity

**Take the monthly amount your spouse will agree to receive, multiply that by 12 and then divide that amount by 55% (.55)**

**Example:**

**You and your spouse agree that you want them to receive \$980 per month. The calculations follow:**

**$\$980.00 \times 12 = \$11,760.00 / .55 = 21,381.818$   
Round up to whole dollar amount of \$21,382 and write it on the line in block 2 of the SF 2801 Section F.**

**Once this is done go to the SF 2801-2, and in Part 1 check block C and enter the same amount on the line. The SF 2801-2 will need to be notarized. Ensure that the date the notary signs and the date that the spouse signs it is the same date.**

# SURVIVOR BENEFIT COST / REDUCTION

Cost = 2.5% of base annuity up to \$3,600  
plus

~~10% of base annuity over \$3,600~~  
Example: \$30,000 base annuity (Max  
elected)  $\$3,600 \times 2.5\% = \$$   
90  $\$26,400 \times 10\%$

= + \$2,640

Reduction/Cost = \$2,730 yearly

Survivor will receive 55% of base annuity = \$16,500  
yearly

~~Example: \$30,000 base annuity (\$3,600  
elected)  $\$3,600 \times 2.5\% =$   
\$90.00~~

Reduction/Cost = \$90.00 yearly

Survivor will receive 55% of \$3,600 annuity = \$1,980  
yearly

# SURVIVOR BENEFIT PAYMENTS

- **The survivor benefit is payable for life unless the survivor remarries before age 55.**
- **Benefits will be restored if the remarriage terminates in death, annulment or divorce.**

# DISABILITY RETIREMENT

- **Disability - Unable to render useful & efficient service because of disease or injury**
- **Must be in a position covered by CSRS**
- **Must have a minimum of 5 years creditable civilian service**
- **Disability annuity **IS** subject to Federal tax**



# Special NG Disability Retirement Provision (PL 97-253)

**A NG technician may be eligible if he/she**

- **Is involuntarily separated due to medical reason**
- **Is not found by OPM as meeting criteria for a “regular” disability retirement**
- **Is not appointed to another Federal position**
- **Has not declined a reasonable job offer**

# Special NG Disability Retirement Provision (PL 97-253)

## **30-Day Notice Requirement**

**HRO issues 30-day notice of separation from the technician program upon receipt of the discharge orders. The following should be included in the 30-day notice:**

- A statement that separation will occur in 30 days or upon receipt of adjudication for regular disability retirement, whichever is later.**
- That the technician can remain on board in a duty, annual, sick (if appropriate), or leave without pay status until the initial decision is made by OPM.**
- That separation will be no later than the end of the pay period in which OPM's decision regarding "regular" disability is received by HRO.**

# Special NG Disability Retirement Provision (PL 97-253)

## Waiver of Reconsideration and Appeal Rights

- Technician should sign a waiver statement indicating that he/she wants to be considered for benefits under the special disability provisions of PL 97-253.
- If OPM determines that the NG technician is not eligible for disability retirement under “regular” provisions, provided the required 30-day notice had been given, the technician must be separated.

# Special NG Disability Retirement Provision (PL 97-253)

## Waiver Example

**I am applying for a “regular disability retirement” under the provisions of [5 USC 8337 (if CSRS)] due to my loss of military membership with the (state) Air/Army National Guard for medical reasons.**

**I understand the issuance and facts for considering approval for regular disability and hereby waive my rights for further reconsideration and appeals to the Office of Personnel Management (OPM) and the Merit Systems Protection Board (MSPB) should the application for regular disability be disapproved by OPM.**

**In addition, should the application for regular disability be disapproved, I hereby apply for benefits under the special disability retirement provisions of Public Law 97-253.**

# DISABILITY RETIREMENT

**Submit all regular retirement forms PLUS**

- **SF 3112A - Applicant's Statement of Disability**
- **SF 3112B - Supervisor's Statement**
- **SF 3112C - Physician's Statement**
- **SF 3112D - Agency Certification of Reassignment & Accommodation Efforts**
- **FedMER Eligibility Statement**
- **Waiver - PL 97-253 (If Applicable)**
- **Military Discharge Order (If Applicable)**

# DEATH-IN-SERVICE

- **If you die while still an active employee, your survivor MAY be entitled to death benefits**
- **In the event of your death, your supervisor needs to contact your servicing Human Resources (HR) Representative or Human Resources Officer (HRO)**
- **HR will contact ABC-C**
- **An ABC-C counselor will contact the survivor within 24 hours**

# DEATH-IN-SERVICE

## **Spousal Benefits:**

**Monthly annuity (survivor benefits) payable if married to employee at least 9 months**

**EXCEPTIONS to the 9 months of marriage requirement:**

- Spouse is the parent of a child of the marriage, or**
- Death was accidental**

# DEATH BENEFITS

**Children's Benefit(s) are payable if:**

- **The child is unmarried AND under 18, or**
- **Under age 22 if full-time student, or**
- **Any age if disabled before 18**
- **Children's Benefit is the same if death-in-service or death as an annuitant**



# DEATH BENEFIT

**Up to 3 children if a parent is living**

- **2012 rate is \$486 per month per child**
- **More than 3 children, \$1460 divided by # of children**

**Up to 3 children if no living parent**

- **2012 rate is \$584 per month per child**
- **More than 3 children, \$1752 divided by # of children**

**Amount reduced by Social Security benefits**

# **COST OF LIVING ADJUSTMENTS (COLA)**

- **The annual cost-of-living increase is based on the percentage increase in the Consumer Price Index (CPI)**
- **Normally, the rates are effective December 1 of each year and payable in the January 1 annuity check**
- **An annuitant's first COLA is prorated based on the number of months on the annuity rolls prior to the COLA.**
- **A month is credited only if the annuity commenced on or before the last day of the month.**
- **The full COLA as prescribed by law will be received each year thereafter.**
- **The COLA for 2012 is 3.6%**

# WINDFALL ELIMINATION PROVISION (WEP)

- **If you didn't pay Social Security taxes on your government earnings and you are eligible for Social Security benefits, the formula used to figure your benefit amount may be modified, giving you a lower Social Security benefit.**
- **WEP affects Social Security benefits when any part of your Federal service after 1956 is covered under the Civil Service Retirement System (CSRS). However, Federal service where Social Security taxes are withheld (Federal Employees Retirement System or CSRS Offset) will not reduce your Social Security benefit amounts.**

# WINDFALL ELIMINATION PROVISION (WEP)

**WEP does not apply to survivors benefits. It also does not apply if:**

- **You are a Federal worker first hired after December 31, 1983;**
- **You were employed on December 31, 1983, by a nonprofit organization that did not withhold Social Security taxes from your pay at first, but then began withholding Social Security taxes from your pay;**
- **Your only pension is based on railroad employment;**
- **The only work you did where you did not pay Social Security taxes was before 1957; or**
- **You have 30 or more years of substantial earnings under Social Security.**

# GOVERNMENT PENSION OFFSET (GPO)

- If you receive a pension from a Federal, state or local government based on work where you did not pay Social Security taxes, your Social Security spouse or survivor's benefits may be reduced. You are exempt from the GPO if you were contributing to Social Security for your last 5 years of federal employment.
- Your Social Security benefits will be reduced by 2/3s of your government pension.

Monthly civil service pension	- \$1,200
2/3s offset to Social Security	- \$ 800*
Spouse or survivor benefit	- \$1,000
Final amount due	- \$ 200

$(\$1,000 - \$800* = \$200)$

<http://www.socialsecurity.gov/gpo-wep/>

# **NON-APPROPRIATED FUND (NAF) RETIREMENT PROCESSING**

**NAF Retirement System - Contact nearest NAF office**

**CSRS Retirement Plan - Contact the ABC-C**



# RETURNING TO FEDERAL EMPLOYMENT

## **IMPORTANT!!**

**If you are retiring and immediately being hired by NAF, transferring to other Federal employment, or returning as a reemployed annuitant, you must notify the ABC-C before your retirement is processed. This should prevent erroneous payout of your lump sum annual leave.**

# FEHB IN RETIREMENT

**Self  
Only**



**Self &  
Family**

**Additional Information:**  
**<http://www.opm.gov/insure/health>**

**OPM Tel: 1-888-767-6738**  
**America's Army: The Strength of the Nation**



# **FEHB IN RETIREMENT**

## **CONTINUATION INTO RETIREMENT IF:**

- **Retire on an immediate annuity**
- **Be insured on the date of retirement**
- **Covered for the 5 years of service prior to retirement or since your FIRST opportunity to enroll (special rules for VERA and DSR, see next slide)**
- **Coverage as a family member under FEHB or CHAMPUS/TRICARE counts toward 5 year requirement (**must** be enrolled in FEHB prior to retirement)**

# FEHB IN RETIREMENT

## CONTINUATION INTO RETIREMENT

**Pre-approved automatic waiver of 5-year requirement:**

- **Must be enrolled in FEHB on the first day of the buyout period (October 1 of the current FY) **and****
- **Retire during the buyout period; **and****
- **Receive a buyout (VSIP); **or****
- **Take early optional retirement (VERA) as a result of early-out authority; **or****
- **Take a DSR based on involuntary separation**

# FEHB IN RETIREMENT

- **Cost of FEHB is the same for retirees and active employees except that premiums are paid on a monthly basis vs. bi-weekly**
- **Same Open Season and qualifying life event opportunities as active employees**
- **Same FEHB plans available to retirees as active employees**
- **Once you cancel FEHB coverage in retirement, you can never re-enroll**
- **Retirement is **NOT** a Qualifying Life Event (QLE) for changing your FEHB enrollment**
- **At age 65, enrollment in Medicare is optional if you are not eligible for Social Security. If enrolled, it becomes your primary and your FEHB plan becomes your secondary provider**

# FEHB IN RETIREMENT

- **Retirees can suspend FEHB for TRICARE or Medicare (if enrolled in Medicare Advantage health plan) and return to FEHB coverage during Open Season or immediately upon involuntarily losing non-FEHB coverage.**
- **Retirees do not participate in Premium Conversion.**
- **Your spouse is eligible to continue FEHB coverage after your death only if you have Self and Family coverage and you elect to provide a survivor benefit at retirement.**

# MEDICARE

## **Part A (Hospitalization) - No Cost**

- **Enroll at age 65**
- **Enrollment is automatic at age 65 if you are receiving Social Security benefits**

**Part B (Medical) - Monthly premium based on yearly adjusted gross income**

**Part D (Drug) - Monthly premium**



# FEGLI IN RETIREMENT



**Additional  
Information:**  
[www.opm.gov/insure/  
life](http://www.opm.gov/insure/life) OPM Tel: 1-  
888-767-6738

# FEGLI IN RETIREMENT

## CONTINUATION INTO RETIREMENT:

- Retire on an immediate annuity
- Insured on date of retirement
- Enrolled in each Option and Multiple for the 5 years of service prior to retirement OR since your FIRST opportunity to enroll
- Election Form: SF2818 - Continuation of Life Insurance Coverage



# FEGLI IN RETIREMENT

## BASIC LIFE OPTIONS:

Basic Insurance Amount (BIA) is based on your final annual salary rounded up, plus \$2,000. Ex: \$97,000 = \$98,000 + \$2,000 = Amt of Basic Ins \$100,000

<u>Options</u>	<u>Before age 65</u>	<u>After age 65</u>
75% reduction	BIA x .3250 (per \$1,000) ex: \$32.50 per month	NO COST <i>Coverage reduces 2% per mth for 37.5 mths until it reaches a final value of \$25,000</i>
50% reduction \$1,000) ex: \$64.00 per month	BIA x .965 (per \$1,000)	BIA x .6400 (per ex: \$96.50 per month <i>Coverage reduces 1% per mth for 50 mths until it reaches a final value of \$50,000</i>
NO reduction \$1,000) month	BIA x 2.265 (per \$1,000) ex: \$194.00 per month	BIA x 1.94 (per ex: \$226.50 per



# FEGLI IN RETIREMENT

## OPTION A - STANDARD COVERAGE:

**OPTION A - Standard = \$10,000**

<b>Age Group</b>	<b>Monthly Cost</b>
<b>Under 35</b>	<b>\$0.65</b>
<b>35 thru 39</b>	<b>\$0.87</b>
<b>40 thru 44</b>	<b>\$1.30</b>
<b>45 thru 49</b>	<b>\$1.95</b>
<b>50 thru 54</b>	<b>\$3.03</b>
<b>55 thru 59</b>	<b>\$5.85</b>
<b>60 thru 64</b>	<b>\$13.00</b>
<b>65 &amp; above</b>	<b>NO COST</b>



**At age 65 coverage reduces by 2% per month for 37.5 months until it reaches \$2,500.**

# FEGLI IN RETIREMENT

## OPTION B - ADDITIONAL COVERAGE

(1 - 5 MULTIPLES OF PAY):

OPTION B - Ex: Annual Salary \$99,500 1x Multiple elected =  
\$100,000

<u>Age Group</u>	<u>Mthly Cost @ \$1000</u>	<u>Mthly Cost</u>
Under 35	\$0.043	\$4.30
35 thru 39	\$0.065	\$6.50
40 thru 44	\$0.108	\$10.80
45 thru 49	\$0.173	\$17.30
50 thru 54	\$0.282	\$28.20
55 thru 59	\$0.498	\$49.80
60 thru 64	\$1.127	\$112.70
65 thru 69	\$1.343	\$134.30
70 thru 74	\$2.470	\$247.00
75 thru 79	\$3.900	\$390.00
80 & Above	\$5.200	\$520.00

**FULL REDUCTION:** At age 65, no cost & coverage reduces by 2%  
per month

for 50 months at which time coverage ends

**NO REDUCTION:** Coverage & premium continue

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# FEGLI IN RETIREMENT

## OPTION C - FAMILY COVERAGE (1 - 5 MULTIPLES):

**OPTION C - Spouse = \$5,000 (1x Multiple) / Each Child = \$2,500 (1x Multiple)**

<u>Age Group</u>	<u>Mthly Cost per Multiple</u>	<u>Mthly Cost (1x)</u>
Under 35	\$0.48	\$0.48
35 thru 39	\$0.63	\$0.63
40 thru 44	\$0.91	\$0.91
45 thru 49	\$1.37	\$1.37
50 thru 54	\$2.04	\$2.04
55 thru 59	\$3.29	\$3.29
60 thru 64	\$5.85	\$5.85
65 thru 69	\$6.80	\$6.80
70 thru 74	\$7.80	\$7.80
75 thru 79	\$10.40	\$10.40
80 & above	\$14.30	\$14.30

**FULL Reduction:** At age 65, no cost & coverage reduces by 2% per month for 50 months at which time coverage will end.

**NO Reduction:** Coverage and premium will continue.

# TSP & RETIREMENT



**Thrift Savings Plan**

**<http://www.tsp.gov>**

**Telephone: 1-877-968-3778**

**TDD: 1-877-847-4385**

**Mailing Address:**

**P.O. Box 385021**

**Birmingham, AL 35238**

**Monday through Friday**

**7:00 a.m. - 9:00 p.m.**

# THRIFT SAVINGS PLAN (TSP)

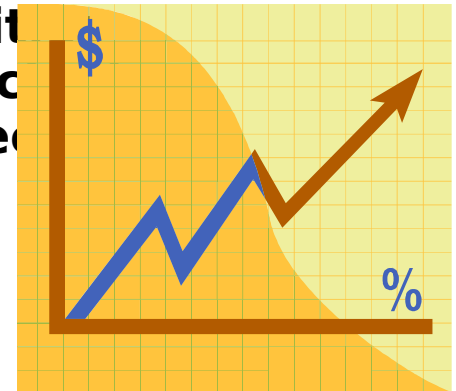
- **Tax deferred retirement savings & investment plan**
- **Provides the opportunity to increase your retirement income**
- **You must be in a position subject to retirement deductions to contribute**
- **TSP offers two approaches to investing your money:**
  - **L Funds are “Lifecycle” Funds invested in a mix of stocks, bonds, & Government securities**
  - **Individual Funds are the G, F, C, S, I funds**



# TSP FUNDS

- **Government Securities Investment (G) Fund**

- Invested in short-term U.S. Treasury securities
- Interest income without risk of loss of principal
- Payment of principal & interest is guaranteed
- Low risk
- 10-year annual return: 3.96%



- **Fixed Income Index Investment (F) Fund**

- Government, corporate & mortgage-backed bonds
- Invested in bond index fund that tracks Barclays Capital U.S. Aggregate bond index
- Offers opportunity to earn rates of return that exceed money market fund rates over the long term
- Low to moderate risk
- 10-year annual return: 5.84%

# TSP FUNDS

- **Common Stock Index Investment (C) Fund**
  - Stocks of large & medium-sized US companies
  - Invested in stock index fund that tracks the Standard & Poors (S&P) 500 stock index
  - Potential to earn high investment returns over the long term
  - Moderate risk
  - 10-year annual return: 2.94%
- **Small Capitalization Stock Index (S) Fund**
  - Stocks of small to medium-sized US companies
  - Invested in stock index fund that tracks Dow Jones Wilshire 4500 Completion (DJW 4500) index
  - Earn potentially higher investment returns over the long term than in the C Fund
  - Moderate to high risk (more than the C Fund)
  - 10-year annual return: 6.76%

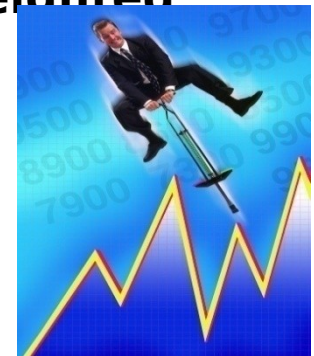




# TSP FUNDS

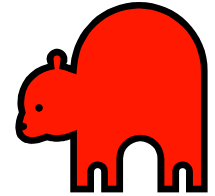
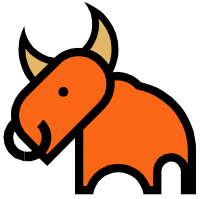
- **International Stock Index Investment (I) Fund**
  - International stocks of 21 developed countries
  - Invested in stock index fund that tracks the Morgan Stanley Capital International EAFE (Europe, Australasia, Far East) index
  - Potential to earn high investment returns over the long term
  - Moderate to high risk
  - 10-year annual return: 4.72%
- **Lifecycle (L) Fund**
  - Each L Fund is invested in the individual TSP funds (G, F, C, S, I), using investment allocations that are tailored to different time horizons
  - Objective is to provide the highest possible rate of return for the amount of risk taken
  - Subject to the risks of the individual funds
  - Expected returns will be approximately equal to weighted average of the G, F, C, S, I Funds' returns

\*through 2010





# LIFECYCLE FUNDS



FUND	TIME HORIZON	GROWTH	RISK
L Income	Today and the near future	Low	Low
L 2020	2015 through 2024	Moderate	Moderate
L 2030	2025 through 2034	Moderate to High	High
L 2040	2035 through 2044	High	High
L 2050	2045 or later	High	High

# LIFECYCLE FUNDS FUND ALLOCATIONS



L FUND	G Fund	F Fund	C Fund	S Fund	I Fund
L Income	74%	6%	12%	3%	5%
L 2020	37.40%	7.35%	29.45%	9.40%	16.40%
L 2030	23.15%	8.35%	35.40%	13.40%	19.70%
L 2040	12.15%	9.35%	39.40%	16.70%	22.40%
L 2050	3.83%	7.67%	43.40%	18.70%	26.40%

# TSP PROJECTION

<b>Amount of Annual TSP Contribution</b>	<b># of Years to Contribute</b>	<b>Rate of Return (based on 10-year summary of annual returns for F Fund)</b>	<b>Projected TSP Account Balance</b>
<b>\$7,500</b>	<b>10</b>	<b>6%</b>	<b>\$102,562</b>
<b>\$7,500</b>	<b>20</b>	<b>6%</b>	<b>\$289,163</b>
<b>\$7,500</b>	<b>30</b>	<b>6%</b>	<b>\$628,666</b>
<b>\$5,000</b>	<b>30</b>	<b>6%</b>	<b>\$419,110</b>
<b>\$2,500</b>	<b>30</b>	<b>6%</b>	<b>\$209,555</b>

# TSP IN RETIREMENT

## WITHDRAWAL OPTIONS

- Automatic cashout (accounts less than \$200)
- Leave money in the TSP
- Age-based withdrawal
- Full Withdrawal
  - Single payment
  - Monthly payments
  - Life annuity
- Mixed Withdrawal
- Must begin to receive TSP funds by April 1 of the year following the year you are 70 ½



### HOW TO APPLY:

### TSP-70 FORM - Withdrawal Request

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# TSP MAKE-UP CONTRIBUTIONS

**You are eligible to make-up missed TSP contributions if you meet all of the following conditions:**

- **You were placed in LWOP-US or separated from Federal civilian service to perform military service.**
- **You were released from military service on or after 08-02-1990.**
- **You were reemployed in or restored to a position covered by CSRS or FERS.**

# TSP MAKE-UP CONTRIBUTIONS

**If you contributed to TSP during your period of military service:**

- **The amount you can make-up will be reduced by the amount you contributed to your military TSP account.**
- **Your make-up contributions will not count against the current year's IRS limit.**

# TSP CATCH-UP CONTRIBUTIONS

- **Open to TSP participants age 50 or older**
- **Not eligible for agency automatic 1% matching contribution**
- **Limited to \$5,500 for year 2012**
  - **Must be contributing IRS yearly maximum, \$17,000 for 2012**
  - **Must make new election each year**

**Elections made via EBIS at  
<https://www.abc.army.mil> or  
IVRS at 1-877-276-9287**

# LONG TERM CARE INSURANCE (LTCI)

**Want to talk with a Certified Long Term  
Care Insurance Consultant?**

**Tel: 1-800-LTC-FEDS (1-800-582-  
3337)**

**TTY: 1-800-843-3557**

**Mon - Fri 8 a.m. - 8 p.m. ET**

**Sat 9 a.m. - 5 p.m. ET**

**Closed Sun and Federal holidays.**

**<http://www.ltcfeds.com>**



# FLEXIBLE SPENDING ACCOUNTS (FSA)

- To receive more information regarding FSAs, please contact a SHPS counselor.
- Retirees are not eligible to continue FSA.

Email: **[FSAFEDS@shps.net](mailto:FSAFEDS@shps.net)**

Telephone: 1-877-FSAFEDS (1-877-372-3337)

TTY: 1-800-952-0450

Mon-Fri 9 am - 9 pm ET

Closed Weekends and Holidays  
**<http://www.fsafeds.com>**

# FEDERAL EMPLOYEES DENTAL & VISION INSURANCE PROGRAM (FEDVIP)

**Can enroll in dental, vision, or both**  
**Self Only                      Self & One                      Self & Family**

## Dental Benefits

Diagnostic  
Preventative  
Emergency Care  
Restorative  
Oral/Maxillofacial Surgery  
Endodontics  
Periodontics  
Prosthodontics  
Orthodontics



## Vision Benefits

Diagnostic Services  
Preventative Services  
Eyewear

- Glasses
- Contacts



ENROLL AT

<https://www.benefeds.com>

1-877-888-3337

TTY 1-877-889-5680

# DESIGNATION OF BENEFICIARY

## **Beneficiary Forms:**

- **SF 1152 (Unpaid Comp)**
- **SF 2823 (FEGLI)**
- **SF 2808 (CSRS)**
- **TSP 3 (TSP)**



## **Order of Precedence:**

- **Court Order**
- **Designation of Beneficiary**
- **Widow or Widower**
- **Children (and/or descendants of deceased children)**
- **Parents**
- **Executor or Administrator of Estate**
- **Next of Kin**

# RETIREMENT ESTIMATE

- **Request your retirement estimate no more than 5 years prior to your retirement eligibility date**
- **ABC-C will compute one retirement estimate per calendar year**
- **Retirement estimate includes:**
  - **Verification of military & civilian service documented in your Official Personnel Folder (OPF)**
  - **Calculation of amount of civilian deposit and/or redeposit owed**
  - **Impact of unpaid civilian deposit/redeposit & military deposit on your retirement annuity**
  - **Confirmation of your current FEHB & FEGLI enrollment & your eligibility to continue these benefits into retirement**

# ABC-C RETIREMENT PROCEDURES & PROCESS

- **5 years prior to retirement eligibility:**
  - **Contact the ABC-C for retirement estimate & information**
  - **Call ABC-C with questions on retirement estimate**
- **180 days prior to retirement:**
  - **Download forms from ABC-C website**
  - **Call ABC-C for help with the retirement forms**
- **120 days prior to retirement:**
  - **Mail retirement forms to ABC-C**
  - **Maintain personal copy**



# ABC-C RETIREMENT PROCEDURES & PROCESS

- **ABC-C receives your retirement package:**
  - Reviews retirement package
  - Sends letter acknowledging receipt and requests missing forms/documents
  - Requests OPF 90-120 days out
- **30-60 days prior to retirement:**
  - Retirement package assigned to counselor

# ABC-C RETIREMENT PROCEDURES & PROCESS

## **ABC-C retirement counselor:**

- **Verifies required forms and documents**
  - **Processes retirement package**
  - **Provides final retirement counseling**
  - **Retirement package is forwarded to DFAS**
- ✓ **Good retirement address & contact information**

# ABC-C RETIREMENT PROCEDURES & PROCESS

- **2 - 4 weeks after retirement:**
  - **Final paycheck is received**
  - **Lump sum annual leave is paid**
  - **VSIP payments if applicable**
- **6 - 8 weeks after retirement:**
  - **Receive 1<sup>st</sup> payment INTERIM payment**
  - **Receive letter from OPM with CSA number**

**Office of Personnel  
Management Retirement  
Operations Center  
P.O. Box 45  
Boyers, PA 16017**

**www.opm.gov  
email: retire@opm.gov  
Tel: 1-888-767-  
6738**

**Social Security  
Administration  
www.ssa.gov  
www.medicare.gov  
Tel: 1-800-  
772-1213**

**IRS Publication 721  
www.irs.gov  
Tel: 1-800-Tax-**



# CHANGING or WITHDRAWING YOUR RETIREMENT

- **Your request to change your date of retirement or to withdraw your retirement application must be in writing and**
  - **Must be signed**
  - **May be faxed to ABC-C**
- **If you are receiving a VERA and/or VSIP, your request should be signed by your CPAC/HR Professional**
- **Submit the request to ABC-C as soon as you have made a decision**
- **Changing or withdrawing your retirement MAY cause problems with your paycheck**

# FOR ADDITIONAL RETIREMENT INFORMATION

## CONTACT THE ABC-C

**Toll Free 1-877-276-9287 (TDD 1-877-276-9833)**

**Counselors are available from 6 am - 6 pm CT**

**Website: <https://www.abc.army.mil>**

**Mailing Address: 303 Marshall Avenue, Ft.  
Riley, KS 66442-5004**

**Fax: 785-240-6153**

# Army Benefits Center - Civilian

## 1-877-276-9287

### Initial Options

<b>Select:</b> 1= Army Civilian 2=DCMA Civilian <b>3=National Guard</b> 4=Non-Appropriated Fund or Uniformed Service Member	<b>Select:</b> 1= Customer Service Survey 2= Access Benefits and Entitlements <b>Select:</b> 1= Current or Separated Civilian Employee 2= Retiree or Surviving Spouse 3= Seeking Temporary Continuation of Coverage (FEHB)	<b>To access Benefits and Entitlements:</b> 1= Enter SSN and PIN 1= Change your PIN 2= Continue 2= Forgot PIN <b>Current Duty Phone</b> 1= Correct 2= Change	<b>Main Menu:</b> 0= Benefits Counselor 1= FEHB 2= Retirement 3= TSP 4= FEGLI 6= Fax Document 9= Exit System
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### Menu Information Available after Main Menu Option Selected

<b>1 = FEHB:</b> 1= General Information 2= Personal Information 3= New Employee Election 4= Change from Self and Family to Self Only (without changing plan) 5= Open Season Election 6= Cancel FEHB 7= Non-Open Season Change 8= Fax of latest SF 2809 0= Counselor 9= Previous Menu	<b>2 = Retirement:</b> 1= General Information 2= Personal Information 3= Retirement Estimate 0= Counselor 9= Previous Menu	<b>3 = TSP:</b> 1= Personal Information 2= TSP Election 4= Stop Contributions 5= TSP Catch-Up Election 0= Counselor 9= Previous Menu	<b>4 = FEGLI:</b> 1= General Information 2= Personal Information 3= New Employee Election 4= Non-Open Season Election 5= Open Season Election 6= Fax of Open Season Election 0= Counselor 9= Previous Menu	<b>6 = Faxed Documents :</b> 1= Request a Document 2= Index of Documents 9= Previous Menu
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# ANY QUESTIONS?

